

# Foster Family Home - Corrective Action Report

Provider ID: 1-120077

Home Name: Myrna Andres, CNA

Review ID: 1-120077-12

91-1054 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/8/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection  
Decrease to 2 bed at next certification

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6) Per DPP website, the home has 5 bedrooms, but physical count of bedroom is 7 (4 bedroom up 3 down bedroom )The structure of the home does not meet this description. Possibly additions have been made without a building permit. Due to pandemic and possible State and County office closures CCFFH will have 1 year to reconcile with DPP

## Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

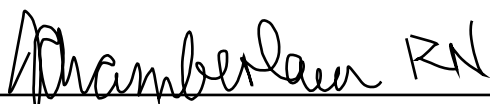
53.(b)(15) Client # 2 does not has a lock on the inside for patient privacy as required by My Choice My Way

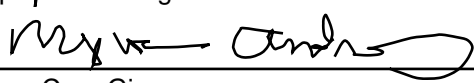
## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.

  
Compliance Manager

  
Primary Care Giver

1/8/21  
Date  
1/8/21  
Date

CTA RN Compliance Manager: Jackie Chamberlain

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Myrna Andres

(PLEASE PRINT)

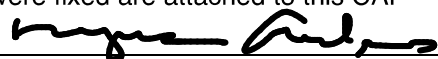
CCFFH Address: 91-1054 Kauiki Street Ewa Beach Hawaii 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.b.6.	When we bought the house since year 2000 it was 7 bedroom 1 extra room down stairs was supposed to be office and the extra room upstairs was playing room due to all residential in the area was using a cesspool. We remove the bed when client move to another home.		To remove the bed in the #3 room downstairs and the #4 upstairs . To ensure no one to used the extra room for sleep to prevent violation .

☒ All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_



Date: 2/3/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Jackie Chamberlain

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Myrna Andres

(PLEASE PRINT)

CCFFH Address: 91-1054 Kauiki Street Ewa Beach, Hawaii 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
53.b. 15	I made a changes to the visiting hours to unlimited 24/7 everyday, and replacing the client policy agreement and notify all substitute, CMA the changes.	1/10/21	To make sure to read all the state law and make a changes right away to prevent discrepancy.
53.b. 15	Client #2 replace the doorknob with the lock inside for privacy.	1/11/21	To double check all the doorknob has lock inside twice, if the doorknob broken changes right away, to prevent discrepancy.
54.C.5	Medication prescription discrepancy was corrected by client #1 and client #2 CMA, MD, substitute, discuss prescription label of the medication and administration record will match.	1/21/21	Client #1 and client #2 will read to all bottles level are match to the administration record to ensure they both match every time and before giving a medication. Primary caregiver notify CMA, MD, Pharmacy if they are different.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Myrna Andres

Date: 2-2-21

☐ CTA has reviewed all corrected items